

The Department of Health (department) designed this guide to help laboratories prepare and report analytical drinking water results to the department and to help the public (mainly public water systems) understand the process. Please follow this supplemental reporting guidance when reporting results to the department.

# **Drinking Water Methods and Quality Control**

Laboratories will seek accreditation for only drinking water methods in accordance with chapter 40 CFR 141, chapter 40 CFR 143, or, with written approval, other department-approved methods. Laboratories will only submit results from analyses using the drinking water methods for which they hold accreditations from the Department of Ecology and/or EPA Region 10.

## **Test Panels and Special Notes**

This guidance includes reporting templates for all test panels. The data design is in a specific order and sequence to match our database.

## Laboratories may develop their own report forms as long as those forms:

- Conform to the sequence and order of all the data fields used in the templates—topto-bottom and left-to-right;
- Contain all required content; and
- Contain the most current regulatory limits such as, but not limited to, State Detection Reporting Limit (SDRL), Maximum Contaminant Level (MCL), and triggers.

Attributes such as type font and size, spacing, and boxes may differ from our templates.

Laboratories may add a notation containing the laboratories internal project/reference number/LIMS sample identifier unique to that sample report in the "Comments" section so that the department or customer can provide that reference number for laboratory personnel to efficiently access the record.

These templates are important because they present information sequentially, so the department can process the data efficiently and accurately. Microsoft Word copies of the templates can be located on our <u>Lab Templates webpage</u>.

## Testing for contaminants not listed on a template below

In the event that testing is required for a contaminant that is not listed on the templates below, please follow the generic test panel procedures listed at the end of this guidance.

## **Chemical Monitoring Lab Reports**

The chemical monitoring sample result templates have similar title and header information.

This section defines all aspects of these headers.

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols. The test panel name must be on the top of each test panel report.

**Test Panel Header:** This section contains information from the sampler about the water system and the sample. Samplers should record this information on a chain of custody form. The information must be in the following sequence and order.

Space for Lab Letter Head

# Arsenic Report of Analysis

1 Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:
3 Water System ID Number:	4 System Name:
5 Lab Number / Sample Number: / /	6 County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)  RC - Routine/Compliance (satisfies monitoring requirements) C - Confirmation (confirmation of chemical result)* I - Investigative (does not satisfy monitoring requirements) O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)/// Date Analyzed: (MM/DD/YY)/// Date Reported: (MM/DD/YY)// COMMENTS:
Sample Composition: (check appropriate box)  S – Single Source B – Blended (list source numbers in "Source Numbers" field) C – Composite (list source numbers in "Source Numbers" field) D – Distribution Sample	Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:

- **Date Collected:** Use numeric month, day, and year (MM/DD/YY). For example: 03/14/16.
- **System Group Type:** Public water systems are either "A" or "B." Private water systems or nonpotable water samples are "Other" (for a house sale, shellfish, private well, and so on). Don't send sample results for "Other" to the department. Please send samples from tribal water systems directly to the Environmental Protection Agency (EPA).
  - Public Water System ID Number (PWSID): List the five- or six-character PWSID the department assigned to the public water system. The PWSID number is located on the system's Water Facilities Inventory (WFI) or in Sentry at <a href="mailto:fortress.wa.gov/doh/eh/portal/odw/si/Intro">fortress.wa.gov/doh/eh/portal/odw/si/Intro</a>.
- **System Name:** Enter the water system's official name. If the name on the lab slip does not match the official water system name, the department's data entry staff can not enter the sample. The official names can be found in our <u>Sentry Internet</u> (see link in 3 above) and on the WFI form.
  - **Lab Number/Sample Number:** The first three digits are the identification number the department assigned to the lab. The second five digits are the number the lab assigned to the sample.
  - **County:** List the county where the water system is located. If the water system crosses county lines, list the county where most of the system is located.
- **Onple Location:** Provide a detailed description of the sample location point. For example: "123 X Street outside tap on back of house" or "sample station #XX."

**Source Number(s):** List the two-digit identification number the department assigned to each water source being tested. This can be located on the water system's WFI or in <u>Sentry</u> (see link in 3 above).

NOTE: Samples collected to comply with source chemical monitoring requirements should come from the entry point to the distribution system after all treatment.

- **Single Source:** Use the source identification number the department assigned to the source (including a wellfield or a springfield).
- **Blended source sample:** If the sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field), list the number for each source included. For example: S01, S03, and S13. If a water system is collecting samples to meet the requirements of the well or spring field, it is appropriate to list the well or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.
- **Flowing distribution sample:** If the sample is from a flowing water location within the distribution system that has been flushed (e.g., for Haloacetic acids or total trihalomethanes or asbestos.), use "S92."
- **Standing distribution sample:** If the sample is from a standing water location within the distribution system that represents a "first draw" sample (e.g. for Lead and Copper Rule.), use "S93."
- **9 Sample Purpose:** Check **ONE** box to describe the purpose of this sample. Don't send results for samples marked "Investigative", "Other," or "For Information Only" to the department unless instructed to.
  - Routine: Sample was taken for routine monitoring purposes as specified on a public water system's (PWS) Water Quality Montoring Schedule (WQMS) or as directed by the department.
  - **Confirmation:** A sample that demonstrates the accuracy of results of a sample by analyzing another sample from the same location within a reasonable period of time, generally not to exceed two weeks. Confirmation is when analysis results fall within plus or minus 30 percent of the original sample results.
  - **Investigative:** Sample taken to do preliminary investigation. For example: before a distribution line is put back into service after a repair, the line will be tested to see if the distribution line was adequatly disinfected.
  - **Other:** Samples that are not one of the examples listed above. For example: a private homeowner sample for a house sale.
- **te Received:** List the date the lab received the sample.
- **Date Analyzed:** List the date the lab analyzed the sample.
- **Date Reported:** List the date the lab released the report.
- **COMMENTS:** Use this space for addional comments. Laboratories may add a notation containing the laboratory's internal project/reference number/LIMS sample identifier unique to that sample report so that the department or customer can provide that reference number for laboratory personnel to efficiently access the record.

- **Sample Composition**: Check **ONE** box to describe the composition of the sample.
  - The following sample compositions must show the different sources from which they originate:
  - S Single Source. Sample represents one source, which may be one well field or spring field.
- B **Blended**. Sample represents two or more sources blended together before entering the distribution system (not a designated well field or spring field). If a water system is collecting samples to meet the requirements of the well field or spring field, it is appropriate to list the well field or spring field source number instead of all of the wells of the well field or springs of a spring field. Well and spring fields are considered single sources and have their own source number; therefore they should be marked as single sources.
  - C **Composite**. Sample is from up to five individual sources mixed in the lab on the water system's request.
- D **Distribution**. Sample is collected from within the distribution system.
- Sample Type: Sampler will indicate whether a sample was taken before or after a treatment process.
  - **Pre-treatment/Untreated (Raw)**. Check this box if the sampler collected the sample from a source before treatment or a source before it entered the distribution system when the system doesn't treat the water.
  - **Post-treatment**. Check this box if a water system treats the water and the sample was taken after treatment.
  - **Unknown or Ot**her. Check this box if it is unknow whether the sample was collected before or after treatment.
  - Include the sampler's name and phone number and the company the sampler works for (if applicable).

# **Organic Chemicals**

# **Key Definitions**

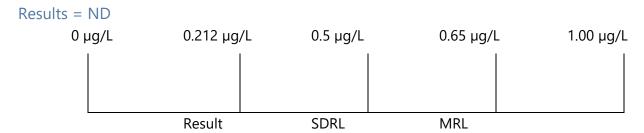
Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

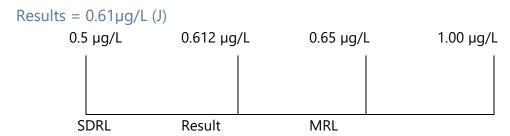
 $\mu g/L$  means micrograms per liter ( $1\mu g/L = 1ppb - parts per billion$ ).

## Reporting Examples for organic chemicals in WAC 246-390-075(13) (b)-(d)

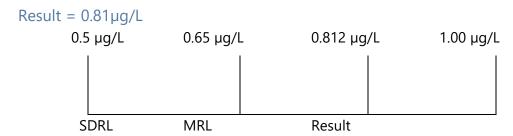
- **(b)** A lab shall report organic chemical contaminant results when the lab's established MRL is greater than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;



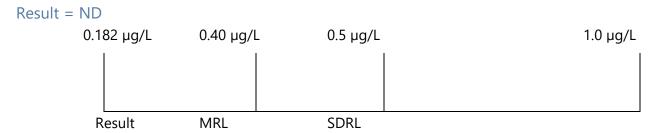
(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL;



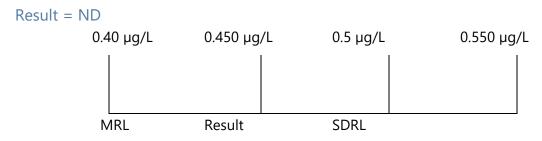
(iii) A number when a result is equal to or greater than the lab's established MRL.



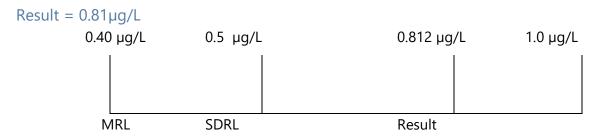
- **(c)** A lab shall report organic chemical contaminant results when the lab's established MRL is less than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the lab's established MRL;



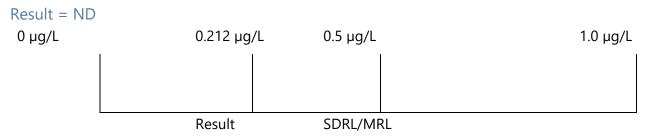
(ii) Nondetect or ND when a lab's result is less than the established SDRL; or



(iii) A number when a result is equal to or greater than the SDRL.



- **(d)** A lab shall report organic chemical contaminant results when their established MRL is equal to the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or



(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.

# Result = $0.81 \mu g/L$ $0.5 \mu g/L$ $0.812 \mu g/L$ $1.0 \mu g/L$ SDRL/MRL Result

# **Disinfection By-Products (HAA5 and TTHM)**

Use a flowing distribution sample (Source **\$92**). There must be a specific distribution sample location for each sample. Individual contaminants do not have an MCL, but the sum of the individual contaminants does. The totals row is for the sum total of each contaminant for that sample. If the HAA5 and TTHM are taken from different locations, please note that in the Sample Location.

ments)	System ( System 1 County: Source 1	Group Type: Name:	(circle on	e) A	B Other:
ments)	System I County: Source I	Name:	(circle on	e) A	B Other:
	County: Source I				
	Source l				
	Date Re		_		
	Date Re	Number(s): (	list all sour	ces if blende	d or composited)
		ceived: (MM	DD/YY)		/
	Date An	alyzed: (MM	/DD/YY)		/,==/,==
,	Date Re	ported: (MM	(DD/11)		·——·
	COMM	ENTS:			
	Sample '	Type: (check	one)	Pre-tre	atment/Untreated (Ra
			— j		eatment (Finished)
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leid)	Sample	Collected by	: (name) _		
	Phone N	lumber:			
	Bill to:	(client name)			
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ANALYTIC	AL KES	ULIS		т —	
	rs sdrl	TRIGGER	MCL	UNITS	METHOD / INITIALS
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	1.0			μg/L	
	1.0			μg/L	
	1.0				
				μg/L	
	1.0			μg/L μg/L	
		45			
ANALYTI	1.0			μg/L	
ANALYTIC RESULTS	1.0 1.0 1.0			μg/L	METHOD / INITIALS
RESULTS	1.0 1.0 1.0	SULTS	60*	μg/L μg/L	
RESULTS	1.0 1.0 CAL RES	SULTS	 60* MCL	μg/L μg/L UNITS	
RESULTS	1.0 1.0 1.0 CAL RES SDRL 0.5 0.5 0.5	SULTS	 60* MCL	μg/L μg/L UNITS μg/L μg/L μg/L μg/L	
RESULTS	1.0 1.0 1.0 CAL RES 5 SDRL 0.5 0.5	SULTS	 60* MCL	μg/L μg/L UNITS μg/L μg/L	
		Sample Phone N Bill to:  ANALYTICAL RES  A RESULTS SDRL  2.0 1.0 1.0	Sample Collected by Phone Number:  Bill to: (client name)  ANALYTICAL RESULTS  A RESULTS SDRL TRIGGER  2.0 1.0 1.0	Sample Collected by: (name) _ Phone Number: _ Bill to: (client name)	Post-tr   Unknoted

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## Dioxin (2,3,7,8-Tetrachlorodibenzodioxin)

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number:/	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result) *   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)// Date Analyzed: (MMDD/YY)// Date Reported: (MMDD/YY)// COMMENTS:
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw)  Post-treatment (Finished)  Unknown or Other  Sample Collected by: (name)  Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INTIALS
0149	Dioxin			0.005	0.005	0.03	ng/L		

NOTES: \*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

ng/L: nanograms per liter or parts per trillion.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

## Endothall

## Report of Analysis

Date Collected: (MM/DD/YY) / / /	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	_ County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY) // // Date Analyzed: (MMDD/YY) // // Date Reported: (MMDD/YY) // // COMMENTS:
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

## ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0151	Endothall				9	100	μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

µg/L: micrograms per liter or parts per billion.

LAB COMMENTS:

# **Fumigant**

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	System ID Number:	Sy	stem Na	me:						
	umber / Sample Number:	/			ounty:					
Sampl	le Location:			Sc	urce Nu	mber(s):	(list all so	urces if blende	d or composited)	)
Sampl	le Purpose: (check appropriate box)			Da	ate Recei	ved: (M	M/DD/YY)		/_	
	RC – Routine/Compliance (satisfie		ements)	D:	ate Analy	zed: (M	M/DD/YY)		//_	
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	CONTAMINANT	DATA QUALIFIER	ANALYTI	CAL R	SDRL	TS MCL	UNITS	EXCEED MCL? (X if Yes)	METHOD / INITIALS	<u> </u>
OH#	CONTAMINANT  EDB (Ethylene Dibromide)	DATA					UNITS µg/L	MCL?		
OH#	CONTAMINANT	DATA			SDRL	MCL		MCL?		
OOH# D102 D103 NOTE *Confi DATA DOH# EXCE questio	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab m QUALIFIER: A symbol or letter to EDepartment assigned contaminant of EDS MCL (Maximum Contamina ms about this result, please contact th HOD/INITIALS: Analytical method	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of	RESULTS  mber, and col al information ed if the conta rinking water the analyst th	MRL lection d about th minant a regional at perform	SDRL  0.01  0.02  ate of originate e result.  mount exception office in ymed the a	MCL 0.05 0.2 ginal sample ceeds the your area	μg/L μg/L ple in eith	MCL? (X if Yes)	INITIALS ection.	f you have
OH# D102 D103 NOTE *Confi DATA DOH# EXCE questic	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab m QUALIFIER: A symbol or letter to EDB MCL (Maximum Contaminal contami	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of west quantifiable	RESULTS  mber, and col al information ed if the conta rinking water the analyst th	MRL lection d about th minant a regional at perfor of a cont	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the a	MCL 0.05 0.2 ginal sam ceeds the your area nalysis.	μg/L μg/L ple in eith	MCL? (X if Yes)	ection. 6-290 WAC. I	f you have
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OH#  0102 0103  NOTE *Confi DATA DOH# EXCE questic METF MRL ( SDRL ug/L:	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab mandal and the contaminant of the contam	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of west quantifiable	RESULTS  mber, and col al information ed if the conta rinking water the analyst th	MRL lection d about th minant a regional at perfor of a cont	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the a	MCL 0.05 0.2 ginal sam ceeds the your area nalysis.	μg/L μg/L ple in eith	MCL? (X if Yes)	ection. 6-290 WAC. I	f you have
OH#  102  103  NOTE Confidence Co	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab mandal and the contaminant of the contam	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of west quantifiable	RESULTS  mber, and col al information ed if the conta rinking water the analyst th	MRL lection d about th minant a regional at perfor of a cont	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the a	MCL 0.05 0.2 ginal sam ceeds the your area nalysis.	μg/L μg/L ple in eith	MCL? (X if Yes)	ection. 6-290 WAC. I	f you have
OH#  102  103  NOTE Confidence Co	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab mandal and the contaminant of the contam	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of west quantifiable	RESULTS  mber, and col al information ed if the conta rinking water the analyst th concentration	MRL lection d about th minant a regional at perfor of a cont	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the a	MCL 0.05 0.2 ginal sam ceeds the your area nalysis.	μg/L μg/L ple in eith	MCL? (X if Yes)	ection. 6-290 WAC. I	f you have
OH#  102  103  NOTE Confidence Co	CONTAMINANT  EDB (Ethylene Dibromide)  DBCP (Dibromochloropropane)  S: irmation: Include the original lab mandal and the contaminant of the contam	DATA QUALIFIER  umber, sample nu o denote additions number. unt Level): Marko ne department's di used. / Initials of west quantifiable	RESULTS  mber, and col al information ed if the conta rinking water the analyst th concentration	MRL lection d about th minant a regional at perfor of a cont	SDRL  0.01  0.02  ate of orige e result.  mount excoffice in ymed the a	MCL 0.05 0.2 ginal sam ceeds the your area nalysis.	μg/L μg/L ple in eith	MCL? (X if Yes)	ection. 6-290 WAC. I	f you have

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ample Location					County: Source Nu	mber(s): (	list all source	s if blended or con	mosited)
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DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS
0152	Glyphosate				6	700	μg/L		
ATA QUALIFI OH#: Departmen	nclude the original lab : ER: A symbol or letter at assigned contaminant (Maximum Coutamin s result, please contact	to denote addition mumber. ant Level): Mar	nal information ked if the cont drinking water	n about aminar r regior	the result.	ceeds the M your area.			VAC. If you hav

#### Space for Lab Letter Head Herbicides Report of Analysis Date Collected: (MM/DD/YY) System Group Type: (circle one) В Other: Water System ID Number: System Name: Lab Number / Sample Number: County: Sample Location: Source Number(s): (list all sources if blended or composited) Sample Purpose: (check appropriate box) Date Received: (MM/DD/YY) RC - Routine/Compliance (satisfies monitoring requirements) Date Analyzed: (MM/DD/YY) Date Reported: (MM/DD/YY) C – Confirmation (confirmation of chemical result)\* I - Investigative (does not satisfy monitoring requirements) COMMENTS: O - Other (specify - does not satisfy monitoring requirements) Sample Composition: (check appropriate box) Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) S - Single Source Unknown or Other B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample Sample Collected by: (name) Phone Number: \_ Bill to: (client name) Send Report to:

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS
0137	Dalapon				1	200	μg/L		
0037	2,4-D				0.1	70	μg/L		
0038	2,4,5- TP (Silvex)				0.2	50	μg/L		
0134	Pentachlorophenol				0.04	1	μg/L		
0139	Dinoseb				0.2	7	μg/L		
0140	Picloram				0.1	500	μg/L		
0138	Dicamba				0.2	-	μg/L	-	
0135	2,4 DB				1	-	μg/L	-	
0136	2,4,5 T				0.4	-	μg/L	-	
0220	Bentazon				0.5	-	μg/L	-	
0221	Dichlorprop				0.5	-	μg/L	-	
0223	Acifluorfen				2	-	μg/L	-	
0225	DCPA (Acid Metabolites)				0.1	-	μg/L		
0226	3,5 - Dichlorobenzoic Acid				0.5	-	μg/L	-	

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

 $\mu g/L$ : micrograms per liter.

LAB COMMENTS:

## **Insecticides (Carbamate)**

Space for Lab Letter Head

## Insecticides/Carbamate

Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate bog)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0146	Carbofuran				0.9	40	μg/L		
0148	Oxamyl				2	200	μg/L		
0142	Aldicarb				0.5	3	μg/L		
0143	Aldicarb sulfone				0.8	2	μg/L		
0144	Aldicarb sulfoxide				0.5	4	μg/L		
0145	Carbaryl				2		μg/L		
0147	Methomyl				4		μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

μg/L: micrograms per liter.

LAB COMMENTS:

Space for Lab Letter Head

## PCB TEST PANEL (SOC - PCB as decachlorobiphenyl EPA Method 508A)

Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number:/	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
ballple Docation.	Source (valides(s). (list all sources it deliber of composited)
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY)//
□ RC − Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)//
☐ C − Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)//
□ I − Investigative (does not satisfy monitoring requirements)	
O – Other (specify – does not satisfy monitoring requirements)	COMMENTS:
Country Country (Andrews in head	County Town (And an) Dr. town think of (Box)
Sample Composition: (check appropriate box)  S – Single Source	Sample Type: (check one)   Pre-treatment/Untreated (Raw)   Post-treatment (Finished)
B - Blended (list source numbers in "Source Numbers" field)	Unknown or Other
C - Composite (list source numbers in "Source Numbers" field)	_ challown or other
D - Distribution Sample	Sample Collected by: (name)
	Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0401	PCB (as decachlorobiphenyl)				0.1	0.5	μg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

μg/L: micrograms per liter or parts per billion.

LAB COMMENTS:

## **Pesticides**

If arochlor is detected in a sample, the lab must use method 508A to analyze the sample for decachlorobiphenyl.

		-	ace for Lab						
			eneral P						
		Re	port of	Analy	sis				
ate Collec	eted: (MM/DD/YY)/	/		System	Group Tv	noe: (circle	one) A	B Othe	r:
	775.37 1			System		Par (care			
	er / Sample Number:	<del>-</del> 7		County:					
ample Loc	eation:			Source l	Number(s	): (list all s	ources if blend	ed or composite	d)
	pose: (check appropriate box)		->	Date Re	ceived: (	MM/DD/YY	<u></u>	//_	
□ c-c	Routine/Compliance (satisfies mor onfirmation (confirmation of chemic vestigative (does not satisfy monitori	al result)*	3)	Date Re	ported: (	MM/DD/Y	n	/==/	
	ther (specify – does not satisfy monito			COMM	ENTS:				
	mposition: (check appropriate box) ingle Source			Sample	Type: (ch	eck one)		eatment/Untr	
B−B:	ngre Source lended (list source numbers in "Sourc omposite (list source numbers in "So		)					own or Other	
	istribution Sample	accivations field	,	Sample Phone N	Collected	l by: (name)	)		
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		Al	NALYTICA	L RESUL	TS				
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DOH#	CONTAMINANT	DATA QUALIFIERS	NALYTICA RESULTS	T	TS	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD. INITIALS
<b>DOH</b> #	CONTAMINANT	DATA	I		<u> </u>	MCL 2	UNITS μg/L	MCL?	
	Endrin	DATA	I		SDRL			MCL?	
0033		DATA	I		SDRL 0.01	2	μg/L	MCL?	
0033	Endrin Lindane (BHC - gamma)	DATA	I		SDRL 0.01 0.02	2 0.2	μg/L μg/L μg/L	MCL?	
0033 0034 0035	Endrin Lindane (BHC - gamma) Methoxychlor	DATA	I		SDRL 0.01 0.02 0.1	2 0.2 40	μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene	DATA	I		SDRL 0.01 0.02 0.1 1	2 0.2 40 3	µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine	DATA	I		0.01 0.02 0.1 1 0.2	2 0.2 40 3 2	µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1	2 0.2 40 3 2 3	µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total)	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02	2 0.2 40 3 2 3 0.2	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.2	2 0.2 40 3 2 3 0.2 2	µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.2	2 0.2 40 3 2 3 0.2 2 400 6	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6	2 0.2 40 3 2 3 0.2 2 400 6	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04	2 0.2 40 3 2 3 0.2 2 400 6 0.4	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene	DATA	I		SDRL 0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04 0.02 0.1	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.2  0.	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50	µg/L µg/L µg/L µg/L µg/L µg/L µg/L µg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine	DATA	I		0.01 0.02 0.1 1 0.2 0.1 0.02 0.2 0.6 0.6 0.04 0.02 0.1 0.02	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.6  0.6  0.6  0.04  0.02  0.1  0.1  0.07	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	μg/L μg/L μg/L μg/L μg/L μg/L μg/L μg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin Butachlor	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.6  0.6  0.04  0.02  0.1  0.1  0.07  0.1  0.1	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121 0123	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin Butachlor Dieldrin	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.2  0.	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	
0033 0034 0035 0036 0117 0119 0120 0122 0124 0125 0126 0127 0128 0129 0133 0118 0121	Endrin Lindane (BHC - gamma) Methoxychlor Toxaphene Alachlor Atrazine Benzo (a) pyrene Chlordane (total) Di (2-ethylhexyl) adipate Di (2-ethylhexyl) phthalate Heptachlor Heptachlor epoxide Hexachlorobenzene Hexachlorocyclopentadiene Simazine Aldrin Butachlor	DATA	I		SDRL  0.01  0.02  0.1  1  0.2  0.1  0.02  0.6  0.6  0.04  0.02  0.1  0.1  0.07  0.1  0.1	2 0.2 40 3 2 3 0.2 2 400 6 0.4 0.2 1 50 4	Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L Hg/L	MCL?	

## **Pesticides** (Continued)

DOH#	CONTAMINANT	DATA QUALIFIERS	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0254	Fluorene				0.2		μg/L		
0173	Arochlor 1221 <sup>1</sup>				20		μg/L		
0174	Arochlor 12321				0.5		μg/L		
0175	Arochlor 12421				0.3		μg/L		
0176	Arochlor 1248 <sup>1</sup>				0.1		μg/L		
0177	Arochlor 1254 <sup>1</sup>				0.1		μg/L		
0178	Arochlor 1260 <sup>1</sup>				0.2		μg/L		
0179	Bromacil				0.1		μg/L		
0180	Arochlor 1016 <sup>1</sup>				0.08		μg/L		
0190	Terbacil				0.1		μg/L		
0208	EPTC				0.1		μg/L		
0218	Molinate				0.1		μg/L		
0232	4,4 DDD				0.1		μg/L		
0233	4,4 DDE				0.1		μg/L		
0234	4,4 DDT				0.1		μg/L		
0243	Trifluralin				0.1		μg/L		
0244	Acenaphthylene				0.2		μg/L		
0246	Anthracene				0.2		μg/L		
0247	Benzo (a) anthracene				0.2		μg/L		
0248	Benzo (b) fluoroanthene				0.2		μg/L		
0250	Benzo (k) fluoranthene				0.2		μg/L		
0251	Chrysene				0.2		μg/L		
0256	Phenanthrene				0.2		μg/L		
0257	Pyrene				0.2		μg/L		
0258	Benzyl butyl phthalate				1.0		μg/L		
0259	Di-n-butyl phthalate				1.0		μg/L		
0260	Diethyl phthalate				1.0		μg/L		
0261	Dimethyl phthalate				1.0		μg/L		

## NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

-No existing value.

<sup>1</sup>If detected using Method 505, 508, or 508.1, sample must be reanalyze using Method 508A to quantify PCBs (as decachlorobiphenyl).

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department. µg/L: micrograms per liter or parts per billion.

#### LAB COMMENTS

Space for Lab Letter Head

## Diquat and Paraquat

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate box)   S - Single Source   S - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0150	Diquat				0.4	20	μg/L		
0400	Paraquat				0.8		μg/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

 $\mathbf{MRL} \; (\mathbf{Method} \; \mathbf{Reporting} \; \mathbf{Limit}) \text{: The lowest quantifiable concentration of a contaminant.}$ 

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

 $\mu g/L$ : micrograms per liter or parts per billion.

LAB COMMENTS:

# **Total Organic Carbon (TOC)**

Space for Lab Letter Head

## Total Organic Carbon/Alkalinity

Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate bog)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	MRL	SDRL	MCL	UNITS	METHOD / INITIALS
0421	Total Organic Carbon (TOC)				0.7		mg/L	
0403	Alkalinity-Lab				5		mg/L	

## NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS

# **Volatile Organic Compounds (VOC)**

Total Xylenes are the sum of m/p-Xylenes and o-Xylene. Analysis for EDB and DBCP are at a screening level only. Detections of EDB and DBCP require further analysis using the fumigant test panel.

Space for	Lab Letter Head				
Volatile Organic Compounds					
Report	of Analysis				
Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:				
Water System ID Number:	System Name:				
Lab Number / Sample Number: / /	_ County:				
Sample Location:	Source Number(s): (list all sources if blended or composited)				
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)/				
Sample Composition: (check appropriate bog)  S – Single Source  B – Blended (list source numbers in "Source Numbers" field)  C – Composite (list source numbers in "Source Numbers" field)  D – Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:				
Send Report to:	Bill to: (client name)				

## ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0045	Vinyl chloride				0.5	2	μg/L		
0046	1,1 Dichloroethylene				0.5	7	μg/L		
0047	1,1,1 Trichloroethane				0.5	200	μg/L		
0048	Carbon tetrachloride				0.5	5	μg/L		
0049	Benzene				0.5	5	μg/L		
0050	1,2 Dichloroethane				0.5	5	μg/L		
0051	Trichloroethylene				0.5	5	μg/L		
0052	1,4 Dichlorobenzene (para-Dichlorobenzene)				0.5	75	μg/L		
0056	Methylene chloride (Dichloromethane)				0.5	5	μg/L		
0057	trans- 1,2 Dichloroethylene				0.5	100	μg/L		
0060	cis- 1,2 Dichloroethylene				0.5	70	μg/L		
0063	1,2 Dichloropropane				0.5	5	μg/L		
0066	Toluene				0.5	1000	μg/L		
0067	1,1,2 Trichloroethane				0.5	5	μg/L		
0068	Tetrachloroethylene				0.5	5	μg/L		
0071	Chlorobenzene (monochlorobenzene)				0.5	100	μg/L		
0073	Ethylbenzene				0.5	700	μg/L		
0076	Styrene				0.5	100	μg/L		
0084	1,2 Dichlorobenzene (ortho-Dichlorobenzene)				0.5	600	μg/L		

## **Volatile Organic Compounds (VOC)**—(Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0095	1,2,4 Trichlorobenzene				0.5	70	μg/L		
0160	Total xylenes				0.5	10,000	μg/L		
0074	m/p Xylenes (MCL for total)				0.5		μg/L		
0075	o- Xylene (MCL for total)				0.5		μg/L		
0027	Chloroform				0.5		μg/L		
0028	Bromodichloromethane				0.5		μg/L		
0029	Dibromochloromethane				0.5		μg/L		
0030	Bromoform				0.5		μg/L		
0031	Total trihalomethane						μg/L		
0053	Chloromethane				0.5		μg/L		
0054	Bromomethane				0.5		μg/L		
0058	1,1 Dichloroethane				0.5		μg/L		
0072	1,1,1,2 Tetrachloroethane				0.5		μg/L		
0078	Bromobenzene				0.5		μg/L		
0079	1,2,3 Trichloropropane				0.5		μg/L		
0081	o- Chlorotoluene				0.5		μg/L		
0085	Trichlorofluoromethane				0.5		μg/L		
0086	Bromochloromethane				0.5		μg/L		
0089	1,3,5 Trimethylbenzene				0.5		μg/L		
0091	1,2,4 Trimethylbenzene				0.5		μg/L		
0092	sec-Butylbenzene				0.5		μg/L		
0093	p-Isopropyltoluene				0.5		μg/L		
0094	n-Butylbenzene				0.5		μg/L		
0096	Naphthalene				0.5		μg/L		
0104	Dichlorodifluoromethane				0.5		μg/L		
0154	1,3 Dichloropropene				0.5		μg/L		
0055	Chloroethane				0.5		μg/L		
0059	2,2 Dichloropropane				0.5		μg/L		
0062	1,1 Dichloropropene				0.5		μg/L		
0064	Dibromomethane				0.5		μg/L		
0070	1,3 Dichloropropane				0.5		μg/L		
0080	1,1,2,2 Tetrachloroethane				0.5		μg/L		
0082	p- Chlorotoluene				0.5		μg/L		
0083	m- Dichlorobenzene				0.5		μg/L		
0087	Isopropylbenzene				0.5		μg/L		
0088	n- Propylbenzene				0.5		μg/L		
0090	tert- Butylbenzene				0.5		μg/L		
0097	Hexachlorobutadiene				0.5		μg/L		
0098	1,2,3 Trichlorobenzene				0.5		μg/L		
0427	EDB (screening)				0.5		μg/L		
0428	DBCP (screening) <sup>1</sup>				0.5		μg/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

<sup>1</sup>Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

 $\textbf{SDRL} \; \textbf{(State Detection Reporting Limit):} \; \; \textbf{The minimum reportable detection of a contaminant as established by the department.} \\$ 

 $\mu g/L\colon$  micrograms per liter or parts per billion.

#### LAB COMMENTS

<sup>--</sup>No existing trigger or MCL value.

## **Inorganic Chemicals**

## **Key Definitions**

Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

mg/L means milligrams per liter (1 mg/L = 1ppm - parts per million).

Reporting Examples for inorganic chemicals in WAC 246-390-075(14) (a)–(c)

- (a) A lab shall report inorganic chemical contaminant results when the lab's established MRL is greater than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

(ii) An estimated concentration, notated with a "J" data qualifier, when a result is equal to or greater than the SDRL, but less than the lab's established MRL;

Result = 0.061mg/L (J)
0.05 mg/L 0.0612 mg/L 0.07 mg/L 0.10 mg/L

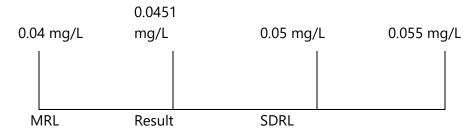
SDRL Result MRL

(iii) A number when a result is equal to or greater than the lab's established MRL.

- **(b)** A lab shall report inorganic chemical contaminant results when the lab's established MRL is less than the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the lab's established MRL;

## 

(ii) Nondetect or ND when a lab's result is less than the department's established SDRL, but greater than the lab's established MRL; or



## Result = ND

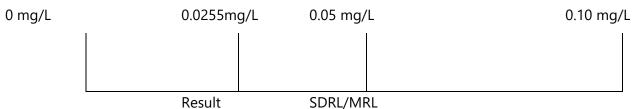
(iii) A number when a result is equal to or greater than the SDRL.

Result = 0.081 mg/L



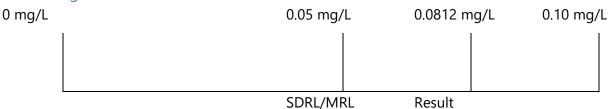
- **(c)** A lab shall report inorganic chemical contaminant results when the lab's established MRL is equal to the SDRL as:
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or





(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.

## Result = 0.081mg/L



#### Space for Lab Letter Head

## Arsenic

## Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number:/	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0004	Arsenic				0.001	0.010	0.010	mg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required to take additional samples or monitor more frequently.

LAB COMMENTS:

# **Asbestos**

This sample usually comes from the distribution system (S92 flowing distribution), but may come directly from a surface water source (S01 or S02).

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S - Si B - B C - C D - D	Single Source Blended (list source: Composite (list sour Distribution Samp	numbers in "Sour rce numbers in "S	rce Numbers" field) fource Numbers" fiel	eld)	Sample Phone N Bill to:	Collected by: Jumber: (client name)	(name)	Post-tre Unknov	atment (Finishe vn or Other	ed)
	ort to:		AN	ALYTIC						
DOH# C	ı		AN	ALYTIC	AL RESU	LTS				=
DOH# C	1		AN	ALYTIC	AL RESU	LTS				
DOH# C	ı		AN	ALYTIC	AL RESU	LTS				
	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHO INITIA
0115	Asbestos				0.2	7	7	MFL		
DATA QUA DOH#: Dep EXCEEDS: questions ab METHOD/I MFL: Milli MRL (Meth SDRL (Stat TRIGGER:	tion: Include the or ALIFIER: A symb partment assigned or MCL (Maximum bout this result, plea /INITIALS: Analyt lions of fibers per lift thod Reporting Lin the Detection Report: It the department's stitional samples or m	ol or letter to de contaminant num Contaminant I see contact the d tical method use ter. nit): The lowest rting Limit): The s drinking water	enote additional in nber. Level): Marked if lepartment's drink ed. / Initials of the t quantifiable cond the minimum repor response level. S	f the contami cing water reg analyst that centration of ortable detecti	out the resulting the result in amount gional office performed the a contamination of a conta	it.  exceeds the MC in your area.  e analysis.  nt.  aminant as estab	CL under of	chapter 246	5-290 WAC. If yo	
LAB COMP			4							

Space for Lab Letter Head

#### **Bromate**

## Report of Analysis

Date Collected: (MM/DD/YY)///	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	_ County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MMDD/YY)
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL**	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0419	Bromate					0.010	mg/L		

#### NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

<sup>\*\*</sup>Labs that use EPA method 317.0, 326.0, or 321.8 must meet a 0.0010 mg/L SDRL for bromate. All other methods must meet 0.005mg/L SDRL.

#### Space for Lab Letter Head

## Chlorite

## Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)   RC - Routine/Compliance (satisfies monitoring requirements)   C - Confirmation (confirmation of chemical result)*   I - Investigative (does not satisfy monitoring requirements)   O - Other (specify - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY)
Sample Composition: (check appropriate bog)  S - Single Source B - Blended (list source numbers in "Source Numbers" field) C - Composite (list source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (check one)  Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:
Send Report to:	Bill to: (client name)

#### ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	MRL	SDRL	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0418	Chlorite				0.02	1.0	mg/l		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS:

## **Complete Inorganic Chemistry**

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - o Conductivity in micromhos per centimeter (µmhos/cm).
  - o Turbidity in nephelometric turbidity units (NTU).
  - o Color in color units (CU).
- To satisfy the monitoring and reporting requirement for "Complete Inorganic Chemistry," the public water system must have all listed contaminants analyzed and submitted to us.

				Space for L	ab Letter F	Head				
			Compl	ete Inor	ganic C	Chemist	ry			
			F	Report o	of Anal	ysis				
Date Co	ollected: (MM/DD/Y	Y)/_	/_		Sy	ystem Grou	р Туре:	(circle one)	A B	Other:
	ystem ID Number:			_		ystem Nam	e:			
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Sample	Location:				1 50	ource Num	ber(s): (li	ist all sources i	f blended or con	nposited)
Sample	Purpose: (check appr	opriate box)			D:	ate Receive	ed: (MM/I	DD/YY) _	/	_/
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☐ I-	- Investigative (does	not satisfy monito	ring requirem		C	OMMENT	S:			
□ 0	<ul> <li>Other (specify – do</li> </ul>	es not satisfy moni	itoring require	ments)						
Sample	Composition: (chec	k appropriate box)	1		Sa	ample Type	: (check or	ne) [ ]	re-treatment	Untreated (
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	<ul> <li>Distribution Sam</li> </ul>			,						
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	I		Ai	NALYTIC	AL KES	ULIS		T	I	Ι
DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	R MCL	UNITS	MCL? (X if Yes)	DATE ANALYZED	METHOD INITIALS
0004	Arsenic			0.001	0.010	0.010	mg/L			
	- ·			Λ1	_					
0005	Barium	Į.		0.1	2	2	mg/L			
0005 0006	Cadmium			0.001	0.005	0.005	mg/L mg/L			
0006	Cadmium			0.001	0.005	0.005	mg/L			
0006 0007	Cadmium Chromium			0.001 0.007	0.005	0.005	mg/L mg/L			
0006 0007 0011	Cadmium Chromium Mercury			0.001 0.007 0.0002	0.005 0.1 0.002	0.005 0.1 0.002	mg/L mg/L mg/L			
0006 0007 0011 0012	Cadmium Chromium Mercury Selenium			0.001 0.007 0.0002 0.002	0.005 0.1 0.002 0.05	0.005 0.1 0.002 0.05	mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110	Cadmium Chromium Mercury Selenium Beryllium			0.001 0.007 0.0002 0.002 0.003	0.005 0.1 0.002 0.05 0.004	0.005 0.1 0.002 0.05 0.004	mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111	Cadmium Chromium Mercury Selenium Beryllium Nickel			0.001 0.007 0.0002 0.002 0.0003 0.005	0.005 0.1 0.002 0.05 0.004	0.005 0.1 0.002 0.05 0.004 	mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.005	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium			0.001 0.007 0.0002 0.002 0.0003 0.005 0.003 0.001	0.005 0.1 0.002 0.05 0.004  0.006 0.002	0.005 0.1 0.002 0.05 0.004  0.006 0.002	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.005	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116 0019	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.05 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116 0019	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N			0.001 0.007 0.0002 0.0003 0.005 0.003 0.001 0.05 0.2	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0 1.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N Total			0.001 0.007 0.0002 0.0003 0.003 0.003 0.001 0.05 0.2 0.1 0.5 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5	0.005 0.1 0.002 0.05 0.004 0.006 0.002 0.2 4.0 1.0 10.0 0.3¹	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			
0006 0007 0011 0012 0110 0111 0112 0113 0116 0019 0114 0020 0161	Cadmium Chromium Mercury Selenium Beryllium Nickel Antimony Thallium Cyanide Fluoride Nitrite-N Nitrate-N Total Nitrate-Nitrite			0.001 0.007 0.0002 0.0003 0.003 0.003 0.001 0.05 0.2 0.1 0.5	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 2.0 0.5 5.0	0.005 0.1 0.002 0.05 0.004  0.006 0.002 0.2 4.0 1.0 10.0	mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L			

## **Complete Inorganic Chemistry** (Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			2		250 <sup>1</sup>	mg/L			
0022	Sulfate			2		250 <sup>1</sup>	mg/L			
0024	Zinc			0.2		5 <sup>1</sup>	mg/L			
0014	Sodium			5			mg/L			
0015	Hardness			10			mg/L			
0016	Conductivity			70		700¹	µmhos /em			
0017	Turbidity			0.1			NTU			
0018	Color			15		15 <sup>1</sup>	color units			
0026	TDS-Total Dissolved Solids <sup>2</sup>			100		500¹	mg/L			
0009	Lead			0.001			mg/L			
0023	Copper			0.02			mg/L			

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

NTU: Nephelometric turbidity units.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations at or above this level may be required to take additional samples or monitor more frequently.

μmhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).

#### LAB COMMENTS:

<sup>--</sup> No existing trigger or MCL value.

Secondary MCL (Established for aesthetic purposes, not health based).

 $<sup>^{2}</sup> TDS$  is required to be run if conductivity exceeds the MCL.

# **Inorganic Chemistry—Select**

- Report most results in milligrams per liter (mg/L) or parts per million **except**:
  - o Conductivity in micromhos per centimeter (µmhos/cm).
  - o Turbidity in nephelometric turbidity units (NTU).
  - o Color in color units (CU).

				Space	for Lab L	etter Head				
			Sel	lect In	organio	c Chemis	trv			
					_	Inalysis	,			
Date Co	llected: (MM/DD/)	YY) /	ſ			System Gro	up Type: (circle o	ne) A	B Other	r:
	ystem ID Number					System Nan		,		
Lab Nur	nber / Sample Nu	mber:	/			County:				
Sample	Location:					Source Num	iber(s): (list all so	irces if blend	ed or composited	d)
Sample	Purpose: (check app	propriate box)				Date Receiv	ed: (MM/DD/YY)		//	
	- Routine/Comp			piirements)		Date Report	ed: (MM/DD/YY)		//	
	- Confirmation (co Investigative (doe			sents)		COMMENT	rs-			
	– Other (specify – d					001121211				
Sample	Composition: (che	ck appropriate bo	X)			Sample Typ	e: (check one)	☐ Pre-tre	atment/Untr	eated (Raw)
	- Single Source								reatment (Fin	
	– Blended (list sour – Composite (list s							Unkno	own or Other	
H Ď	– Distribution Sar	mple	DOMEC IVALIDA	as aca,		Sample Coll Phone Num	lected by: (name) ; ber:			
Send Re	port to:					Bill to: (clie	nt name)			
l					.					
					:					
				ANALY	YTICAL	RESULTS				
DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGE	R MCL	UNITS	EXCEED MCL? (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0021	Chloride			2		250¹	mg/L			
0016	Conductivity			70		700¹	μmhos/cm			
0004	Arsenic			0.001	0.010	0.010	mg/L			
0020	Nitrate-N			0.5	5.0	10.0	mg/L			
0008	Iron			0.1		0.31	mg/L			
0010	Manganese			0.01		0.051	mg/L			
0017	Turbidity			0.1			NTU			
0019	Fluoride			0.2	2.0	4.0	mg/L			
0014	Sodium			5			mg/L			
0022	Sulfate			2			mg/L			
No existin	ntion: Include the or ing trigger or MCL v MCL (Established	ralue.				date of origina	l sample in either o	comment se	ction.	
	ALIFIER: A symb					the result.				
	partment assigned o									
	MCL (Maximum uestions about this r							chapters 240	5-290 and 246	-291 WAC. If
-	VINITIALS: Analy				_					
	ligrams per liter or p						,			
NTU: Nep	helometric turbidity	y units.								
	te Detection Repo		he minimum	reportable	detection o	of a contaminar	it as established by	the departn	ent.	
	t: The department's itional samples or n			el. System	ns with cont	taminants detec	ted at concentratio	ns at or abo	ve this level m	ay be required
µmhos/cm	: micro mhos per ce	entimeter. One i	micro mhos p	er centime	ter is equiv	alent to one mi	cro Siemen per cer	ıtimeter (uS	(cm).	
LAB COM	D.IENTS:							F	Revised Ma	v 2021

# **Lead and Copper Rule**

Use a standing distribution sample (Source S93). There should be specific distribution sample locations for each sample. Highlight any results that exceed the **Action Level**.

		Space for Lab	Letter Head		
		Lead and			
	Dist		- Report of Analyses		
		Toution System	1 0		
Lead and Copper Analy Water System ID Number:			System Group Type: (circle o System Name:	ne) A B C	Other:
Water System ID Number: Source: S93 (standing distr			County:		
oomee. 000 (standing disa	noution sample.	-/	Consecutive System? (circle	ne) YES NO	
Sample Purpose: (check appro			Date Received: (MM/DD/YY)	/	
RC - Routine/Compli I - Investigative (does			Date Analyzed: (MM/DD/YY Date Reported: (MM/DD/YY)	) ——/,——	·/——
O - Other (specify - doe					.,
			COMMENTS:		
Sample Composition: (check	k appropriate box)		Sample Type: (check one)		Untreated (Raw)
S – Single Source B – Blended (list source	munher in "Co	a Mumbara" Salah		Post-treatment Unknown or C	
C - Composite (list source				Chknown or C	/mei
☐ D – Distribution Samp	ple	-	Sample Collected by: (name) Phone Number:		
Send Report to:			Bill to: (client name)		
			L RESULTS		
			H#) Analyte Reporting Level (SDRL)	(0009) Lead 0.001 mg/L	(0023) Copper 0.02 mg/L
			tion Level	0.015 mg/L	1.3 mg/L
		Analytical Met	hod / Analyst's Initials		
Lab Number / Sample Number	Date	-	hod / Analyst's Initials ple Location:	/	Copper
Lab Number / Sample Number	Date Collected	-		/	Copper (mg/L)
		-			1
		-			1
		-			1
		-			1
		-			1
		-			1
		-			1
		-			1
		-			1
OTES: gTL: milligrams per liter or parts prior to the concentration ag	Collected  per million.  painst which the 90'	Samp	ple Location:  mples collected during the monitoring p	(mg/L)	(mg/L)
OTES: gT.: milligrams per liter or parts price actions to address the corrosivit	Collected  per million.  gainst which the 90'  y of the water. High	Samp  percentile of all distribution sa	ple Location:  mples collected during the monitoring part or equal to the Action Level.	(mg/L)	(mg/L)
OTES: g/L: milligrams per liter or parts; ction Level: The concentration age te actions to address the corrosivit DRL (State Detection Reporting	per million.  rainst which the 90' by of the water. High	Samp  percentile of all distribution sa  plight the result if it is greater the	ple Location:  mples collected during the monitoring part or equal to the Action Level.	(mg/L)	(mg/L)
OTES: g/L: milligrams per liter or parts; ction Level: The concentration age te actions to address the corrosivit DRL (State Detection Reporting	per million.  rainst which the 90' by of the water. High	Samp  percentile of all distribution sa  plight the result if it is greater the	ple Location:  mples collected during the monitoring point or equal to the Action Level.  by the department.	(mg/L)	(mg/L)
OTES:  g/L: milligrams per liter or parts per liter or parts against the concentration against the actions to address the corrosivit DRL (State Detection Reporting	per million.  rainst which the 90' by of the water. High	Samp  percentile of all distribution sa  plight the result if it is greater the	ple Location:  mples collected during the monitoring point or equal to the Action Level.  by the department.	(mg/L)	(mg/L)

# **Nitrate/Nitrite**

To satisfy a public water system's nitrate monitoring requirement, only the nitrate analysis on this test panel is required.

Nitrate/Nitrite			
Report of Analysis			
Date Collected: (MM/DD/YY)// System Group Type: (circle on	e) A	B Other	-
Water System ID Number: System Name:			
Lab Number / Sample Number: / County: Sample Location: Source Number(s): (list all sou	eens if bland	ad ar assessaritad	1)
Sample Location: Source Number(s): (list all sou	rces ir olena	ed or composited	1)
Sample Purpose: (check appropriate box)  Date Received: (MMDD/YY)			
RC - Routine/Compliance (satisfies monitoring requirements)  Date Analyzed: (MMDD/YY)  Date Analyzed: (AMDD/YY)	——	//_	
C - Confirmation (confirmation of chemical result)*  Date Reported: (MMDD/YY)  I - Investigative (does not satisfy monitoring requirements)		′′-	
O – Other (specify – does not satisfy monitoring requirements)  COMMENTS:			
Sample Composition: (check appropriate box)  Sample Type: (check one)	☐ Pre-tre	eatment/Untre	eated (Raw)
S – Single Source		reatment (Fin	
B - Blended (list source numbers in "Source Numbers" field)  C - Composite (list source numbers in "Source Numbers" field)	Unkno	own or Other	
□ D – Distribution Sample Sample Collected by: (name) _			
Phone Number:			
Send Report to: Bill to: (client name)			
ANALYTICAL RESULTS			
DATA		EXCEEDS MCL?	METHOD
DOH# CONTAMINANT QUALIFIER RESULTS MRL SDRL TRIGGER MCL	UNITS	(X if Yes)	INITIALS
0020 Nitrate-N 0.5 5.0 10.0	mg/L		
	mg/L		
0114 Nitrite-N 0.1 0.5 1.0			
0114         Nitrite-N         0.1         0.5         1.0           0161         Total Nitrate + Nitrite         0.5          10.0	mg/L		
0161 Total Nitrate +	mg/L		
0161 Total Nitrate +		nt section.	
0161 Total Nitrate +		nt section.	
0161 Total Nitrate + 0.5 10.0  NOTES: *Confirmation: Include the original lab number, sample number, and collection date of original sample in eith		nt section.	
NOTES:  **Confirmation: Include the original lab number, sample number, and collection date of original sample in either trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.	her comme		
NOTES:  **Confirmation: Include the original lab number, sample number, and collection date of original sample in either one of the combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL un	her comme	3 246-290 and	246-291
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either Not trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL un WAC. If you have questions about this result, please contact the department's drinking water regional office in	her comme	3 246-290 and	246-291
NOTES:  **Confirmation: Include the original lab number, sample number, and collection date of original sample in either one of the combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL un	her comme	3 246-290 and	246-291
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either not trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL until WAC. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.	her comme	3 246-290 and	246-291
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either notinger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL unward. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant as established.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established.	her comme der chapter 1 your area.	s 246-290 and	
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either the denote additional information about the result.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under WAC. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.	her comme der chapter 1 your area.	s 246-290 and	
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either. No trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under WAC. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established triangles.	her comme der chapter 1 your area.	s 246-290 and	
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either. No trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL unward. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established triggers. The department's drinking water response level. Systems with contaminants detected at concentration to take additional samples or monitor more frequently.	her comme der chapter 1 your area.	s 246-290 and	
NOTES:  *Confirmation: Include the original lab number, sample number, and collection date of original sample in either. No trigger value for combined nitrate plus nitrite.  DATA QUALIFIER: A symbol or letter to denote additional information about the result.  DOH#: Department assigned contaminant number.  EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL un WAC. If you have questions about this result, please contact the department's drinking water regional office in METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.  mg/L: milligrams per liter or parts per million.  MRL (Method Reporting Limit): The lowest quantifiable concentration of a contaminant.  SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentration to take additional samples or monitor more frequently.	her comme der chapter 1 your area.	s 246-290 and	

## Radiochemistry

## **Key Definitions**

Minimum detectable activity (**MDA**) means the smallest activity or concentration of radioactive material in a sample that will yield a net count (above sample background) that can be detected with ninety-five percent probability.

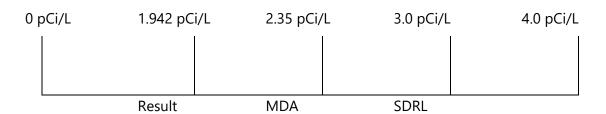
State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

**pCi/L** means picocuries per liter.

Reporting Examples for radiochemistry in WAC 246-390-075(15) (a)–(b)

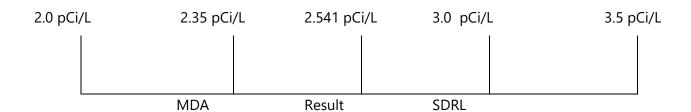
- (a) A lab's MDA **must** meet the established SDRL levels for the analysis to be considered for compliance purposes.
- **(b)** A lab shall report radiochemistry contaminant results as:
- (i) A number and a "U" qualifier if the contaminant was analyzed for, but not detected at or above the lab's established MDA; or

Result = 1.94 pCi/L U



(ii) A number when a result is equal to or greater than the lab's established MDA.

Result = 2.54 pCi/L



## **Radionuclides Alpha Emitters**

Report results in picocuries per liter (pCi/L) except for uranium, which should be reported in micrograms per liter (µg/L). If the sum of the alpha activity plus the radium 228 activity is greater than 5 pCi/L, quantify radium 226 activity. If the gross alpha activity exceeds 15 pCi/L, quantify uranium mass. A lab's MDA **must** meet the established SDRL levels for the analysis to be considered for compliance purposes.

		5	Space for Lab	Letter He	ad						
		R	ADION	(CLID)	ES						
			Report of								
			Op 2,								
	lected: (MM/DD/YY)/_	/				<del></del>	(circle o	me) A	B Oth	her:	
	stem ID Number:			System		E					
	ber / Sample Number:	/		County							
Sample Lo	ocation:			Source Number(s): (list all sources if blended or composited)							
Sample Pr	urpose: (check appropriate box)			Date R	eceive	d: (MM/	DD/YY)		_//		
	- Routine/Compliance (satisfies m		nents)						_//		
	Confirmation (confirmation of chem			COM	TATE	N .					
	Investigative (does not satisfy monitor Other (specify – does not satisfy monit			COME	/IEN16	i:					
				$\perp$							
_	Composition: (check appropriate box)		Sample	2 Type:	(check o	ne)		-treatment/Un t-treatment (F	itreated (Raw)		
	Single Source Blended (list source numbers in "Sour						t-treatment (r mown or Oth				
	Composite (list source numbers in "S										
□ D-3	Distribution Sample			Sample	e Colle	cted by:	(name)				
						er:					
Send Repo	ort to:			Bill to:	(client	name)					
			_								
			_								
		AN	NALYTICA	L RESU	LTS						
DOH #	CONTAMINANTS	DATA QUALIFIER	RESULTS	UNCERT +/-	LAB MDA	SDRL	MCL	UNITS	DATE ANALYZED	METHOD / INITIALS	
0165	Gross alpha		<u> </u>			3		pCi/L			
0166	Radium 228					1		pCi/L			
0039	Radium 226					1		pCi/L			
0105	Uranium(mass)		'			1	30	μg/L			
0040	Radium 226 + 228						5	pCi/L			
0041	Gross alpha minus uranium		'				15	pCi/L			
0109	Radon							pCi/L			
OTES:	on: Include the original lab number, sam	onle mumber and c	collection date (	of original saw	unla in ai	ither comm	namt sart	ion			
No existing v		pre number, and c	Jonection date o	r originar sam	fue m er	uses commi	nem secu	IOII.			
	LIFIER: A symbol or letter to denote ad	iditional informati	on about the res	ult.							
OH#: Depar	rtment assigned contaminant number.										
fCL (Maxim	num Contaminant Level): Highlight the ut this result, please contact the departme	e result if the cont	aminant amoun	t is equal to or	greater	than the N	ACL und	er chapter 2	246-290 WAC. 1	If you have	
	ut trus restut, piease comact the departme ninimum detectable amount or smallest a	_	-			ole that w	ill vield	net count	/ahove sample b	sekeround) that	
	ed with ninety-five percent probability. T										
	NTTIALS: Analytical method used. / Init		that performed	the analysis							
	uries per liter (a measure of radioactivity Detection Reporting Limit): The wini		t-testion of a co	inant as a		- d ber sko i	damenton o	_			
	Detection Reporting Limit): The mini gams per liters or parts per billion.	mum reportatie o	etection of a cor	utamunani as e	Statusta	ad by the c	neparune	ent.			
	eams per mers or parts per omiton. -: The total amount of analytical uncertain	inty associated wif	th the sample ar	alysis.							
AB COM	IMENTS:										
									Parrie	ed May 202	

## **Radionuclides Beta Emitters**

Space for Lab Letter Head

#### Radionuclides Beta Emitters

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY)
RC - Routine/Compliance (satisfies monitoring requirements) C - Confirmation (confirmation of chemical result)*	Date Reported: (MIMDD/YY)
☐ I — Investigative (does not satisfy monitoring requirements)	COMMENTS:
□ O − Other (specify − does not satisfy monitoring requirements)	
Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)
S – Single Source B – Blended (list source numbers in "Source Numbers" field)	Post-treatment (Finished)
C - Composite (list source numbers in "Source Numbers" field)	Onknown or Other
D – Distribution Sample	Sample Collected by: (name)
	Phone Number:
Send Report to:	Bill to: (client name)
	2
	I

#### ANALYTICAL RESULTS

DOH #	CONTAMINANTS	DATA QUALIFIER	RESULTS	UNCERT +/-	LAB MDA	SDRL	MCL	UNITS	DATE ANALYZED	METHOD/ INITIALS
0042	Gross beta**					4	50	pCi/L		
0043	Tritium**					1,000	20,000	pCi/L		
0044	Strontium 90**					2	8	pCi/L		
0107	Cesium 134**					10	80	pCi/L		
0108	Iodine 131**					1	3	pCi/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

\*\*The MCL for beta particle and photon radioactivity from man-made radionuclides is the average annual concentration, which shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirems per year (mrem/yr).

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

MCL (Maximum Contaminant Level): Highlight the result if the contaminant amount is equal to or greater than the MCL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

MDA: The minimum detectable amount or smallest activity or concentration of radioactive material in a sample that will yield a net count (above sample background) that can be detected with ninety-five percent probability. The MDA must be equal to or less than the SDRL for the results to be accepted by the department.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis

pCi/L: picocuries per liter (a measure of radioactivity).

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department

μg/L: micrograms per liters or parts per billion.

UNCERT +/-: The total amount of analytical uncertainty associated with the sample analysis.

LAB COMMENTS:

## **Per- and Polyfluoroalkyl Substances (PFAS)**

## **Key Definitions**

Method reporting limit (MRL) means the lowest concentration of a standard used for calibration.

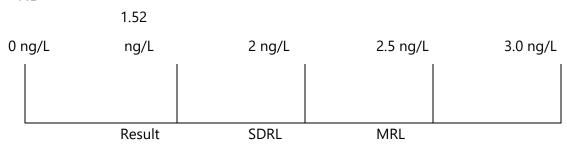
State detection reporting limit **(SDRL)** means the minimum reportable detection of an analyte as established in Tables 3 through 7 of WAC 246-390.

**ng/L** means nanograms per liter (1ng/L = 1ppt - parts per trillion).

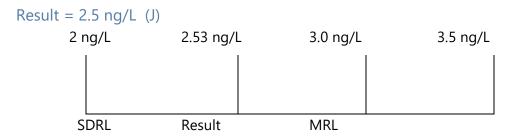
Reporting Examples for PFAS chemicals in WAC 246-390-075(17) (a)–(d)

- (a) A lab shall analyze PFAS samples using EPA method 537.1, or EPA method 533, or with written approval, other department-approved methods.
- **(b)** A lab shall report PFAS contaminant results when the lab's established MRL is greater than the SDRL as follows.
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL;

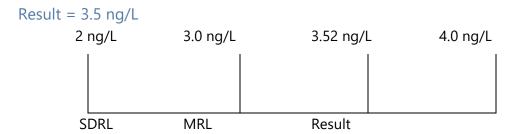
$$Result = ND$$



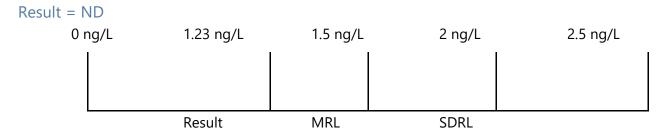
(ii) An estimated concentration, notated with a "J" data qualifier when a result is equal to or greater than the SDRL, but less than the lab's established MRL; or



(iii) A number when a result is equal to or greater than the lab's established MRL.

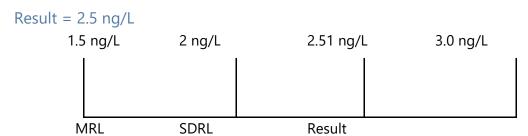


- **(c)** A lab shall report PFAS contaminant results when the lab's established MRL is less than the SDRL as follows.
- (i) "Nondetect" or "ND" when a lab's result is less than the lab's established MRL.

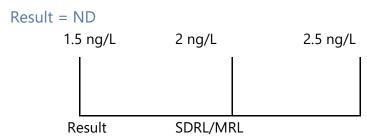


(ii) Nondetect or ND when a lab's result is less than the established SDRL; or

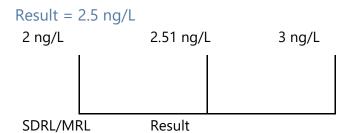
(iii) A number when a result is equal to or greater than the SDRL.



- **(d)** A lab shall report PFAS contaminant results when the lab's established MRL is equal to the SDRL as follows.
- (i) Nondetect or ND when a lab's result is less than the SDRL and MRL; or



(ii) A number when a result is equal to or greater than the SDRL and the lab's established MRL.



## PFAS By EPA Method 537.1 OR EPA Method 533

A lab may choose to run PFAS by EPA method 537.1 **OR** EPA method 533. To satisfy monitoring and reporting requirements for PFAS the public water system must have all contaminants listed under the required analytical results analyzed and submitted to the department.

Space for Lab Letter Head

## Per- and Polyfluoroalkyl Substances (PFAS) By EPA Method 537.1

Report of Analysis

Date Collected: (MM/DD/YY)//	System Group Type: (circle one) A B Other:
Water System ID Number:	System Name:
Lab Number / Sample Number: / /	County:
Sample Location:	Source Number(s): (list all sources if blended or composited)
Sample Purpose: (check appropriate box)	Date Received: (MM/DD/YY)//
RC - Routine/Compliance (satisfies monitoring requirements)	Date Analyzed: (MM/DD/YY)
C - Confirmation (confirmation of chemical result)*	Date Reported: (MM/DD/YY)
I − Investigative (does not satisfy monitoring requirements)	
O - Other (specify - does not satisfy monitoring requirements)	COMMENTS:
Sample Composition: (check appropriate box)	Sample Type: (check one) Pre-treatment/Untreated (Raw)
S – Single Source	Post-treatment (Finished)
■ B − Blended (list source numbers in "Source Numbers" field)	Unknown or Other
C − Composite (list source numbers in "Source Numbers" field)	
☐ D − Distribution Sample	Sample Collected by: (name)
	Phone Number:
Send Report to:	Bill to: (client name)
•	` ′

#### REQUIRED ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	SAL	UNITS	EXCEEDS SAL? (X if Yes)	METHOD/ INITIALS
0434	(PFOA) Perfluorooctanoic acid			2	10	ng/L		
0433	(PFOS) Perfluorooctanesulfonic acid			2	15	ng/L		
0431	(PFHxS) Perfluorohexanesulfonic acid			2	65	ng/L		
0432	(PFNA) Perfluorononanoic acid			2	9	ng/L		
0429	(PFBS) Perfluorobutanesulfonic acid			2	345	ng/L		
0430	(PFHpA) Perfluoroheptanoic acid			2	n/a	ng/L		
0435	(PFHxA) Perfluorohexanoic acid			2	n/a	ng/L		
0436	(PFDA) Perfluorodecanoic acid			2	n/a	ng/L		
0437	(PFUnA) Perfluoroundecanoic acid			2	n/a	ng/L		
0438	(PFDoA) Perfluorododecanoic acid			2	n/a	ng/L		
0445	(ADONA) 4,8-Dioxa-3H-perfluorononanoic acid			2	n/a	ng/L		
0446	(9Cl-PF3ONS) 9-Chlorohexadecafluoro-3- oxanonane-1-sulfonic acid			2	n/a	ng/L		
0447	(HFPO-DA) Hexafluoropropylene oxide dimer acid			2	n/a	ng/L		
0448	(11Cl-PF3OUdS) 11-Chloroeicosafluoro-3- oxaundecane-1-sulfonic acid			2	n/a	ng/L		
0439	(PFTrDA) Perfluorotridecanoic acid			2	n/a	ng/L		
0440	(PFTA) Perfluorotetradecanoic acid			2	n/a	ng/L		
0441	(NEtFOSAA) N-ethyl perfluorooctanesulfonamidoacetic acid			3	n/a	ng/L		·
0442	(NMeFOSAA) N-methyl perfluorooctanesulfonamidoacetic acid			3	n/a	ng/L		

#### NOTES

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

EXCEEDS SAL: Marked if the contaminant amount exceeds the SAL under chapter 246-290 WAC. If you have questions about this result, please contact the department's drinking water regional office in your area.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

 $\mathbf{ng}/\mathbf{L}\colon$  nanograms per liter or parts per trillion.

SAL (State Action Level) means the concentration of a contaminant or group of contaminants, without an MCL, established to protect public health in accordance with WAC 246-290-315 and which, if exceeded, triggers actions a purveyor takes in accordance with WAC 246-290-320.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

LAB COMMENTS Revised July 2021

<sup>\*\*</sup>To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

Sample Location:

Send Report to:

Space for Lab Letter Head Per- and Polyfluoroalkyl Substances (PFAS) By EPA Method 533 Report of Analysis Date Collected: (MM/DD/YY) System Group Type: (circle one) Other: Water System ID Number: System Name: Lab Number / Sample Number: County: Source Number(s): (list all sources if blended or composited) Sample Purpose: (check appropriate box) Date Received: (MM/DD/YY) Date Analyzed: (MM/DD/YY) RC - Routine/Compliance (satisfies monitoring requirements) C - Confirmation (confirmation of chemical result)\* Date Reported: (MM/DD/YY) I - Investigative (does not satisfy monitoring requirements)
 O - Other (specify - does not satisfy monitoring requirements) COMMENTS: Sample Type: (check one) Pre-treatment/Untreated (Raw) Sample Composition: (check appropriate box) S - Single Source
B - Blended (list source num
C - Composite (list source)
D - Distribution Sample S - Single Source Post-treatment (Finished) B - Blended (list source numbers in "Source Numbers" field) Unknown or Other C - Composite (list source numbers in "Source Numbers" field) Sample Collected by: (name) \_

Phone Number:

Bill to: (client name)

#### REQUIRED ANALYTICAL RESULTS

DOH #	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	SAL	UNITS	EXCEEDS SAL? (X if Yes)	METHOD/ INITIALS
0434	(PFOA) Perfluorooctanoic acid			2	10	ng/L		
0433	(PFOS) Perfluorooctanesulfonic acid			2	15	ng/L		
0431	(PFHxS) Perfluorohexanesulfonic acid			2	65	ng/L		
0432	(PFNA) Perfluorononanoic acid			2	9	ng/L		
0429	(PFBS) Perfluorobutanesulfonic acid			2	345	ng/L		
0430	(PFHpA) Perfluoroheptanoic acid			2	n/a	ng/L		
0435	(PFHxA) Perfluorohexanoic acid			2	n/a	ng/L		
0436	(PFDA) Perfluorodecanoic acid			2	n/a	ng/L		
0437	(PFUnA) Perfluoroundecanoic acid			2	n/a	ng/L		
0438	(PFDoA) Perfluorododecanoic acid			2	n/a	ng/L		
0445	(ADONA) 4,8-Dioxa-3H-perfluorononanoic acid			2	n/a	ng/L		
0446	(9Cl-PF3ONS) 9-Chlorohexadecafluoro-3- oxanonane-1-sulfonic acid			2	n/a	ng/L		
0447	(HFPO-DA) Hexafluoropropylene oxide dimer acid			2	n/a	ng/L		
0448	(11Cl-PF3OUdS) 11-Chloroeicosafluoro-3- oxaundecane-1-sulfonic acid			2	n/a	ng/L		
0450	(4:2FTS)1H,1H, 2H, 2H-Perfluorohexane sulfonic acid			2	n/a	ng/L		
0451	(6:2FTS)1H,1H, 2H, 2H-Perfluorooctane sulfonic acid			2	n/a	ng/L		
0452	(8:2FTS)1H,1H, 2H, 2H-Perfluorodecane sulfonic acid			2	n/a	ng/L		
0453	(NFDHA)Nonafluoro-3,6-dioxaheptanoic acid			2	n/a	ng/L		
0454	(PFBA)Perfluorobutanoic acid			2	n/a	ng/L		
0455	(PFHpS)Perfluoroheptanesulfonic acid			2	n/a	ng/L		
0456	(PFMBA)Perfluoro-4-methoxybutanoic acid			2	n/a	ng/L		
0457	(PFMPA)Perfluoro-3-methoxypropanoic acid			2	n/a	ng/L		
0458	(PFPeA)Perfluoropentanoic acid			2	n/a	ng/L		
0459	(PFPeS)Perfluoropentanesulfonic acid			2	n/a	ng/L		
0460	(PFEESA)Perfluoro(2-ethoxyethane)sulfonic acid			2	n/a	ng/L		

## NOTES:

\*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned contaminant number.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

ng/L: nanograms per liter or parts per trillion.

SAL (State Action Level) means the concentration of a contaminant or group of contaminants, without an MCL, established to protect public health in accordance with WAC 246-290-315 and which, if exceeded, triggers actions a purveyor takes in accordance with WAC 246-290-320.

SDRL (State Detection Reporting Limit): The minimum reportable detection of a contaminant as established by the department.

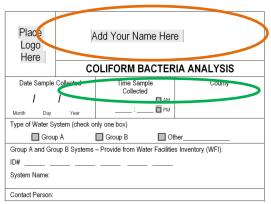
LAB COMMENTS

Revised July 2021

<sup>\*\*</sup>To qualify for a monitoring waiver the additional contaminants must be reported to DOH.

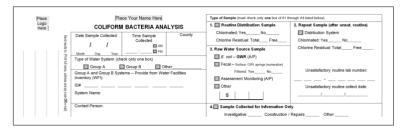
## **Microbiological Analysis Lab Reports**

This section explains how to complete lab slips for microbiological sample analysis. The template comes in two sizes: 4x11 inches and 5x8 inches. The 4x11 version fits conveniently around most collection bottles. The 5x8 version meets postal requirements to mail in a standard-sized window envelop so the address is visible.



4x11 inch Microbiological Lab Slip

**Test Panel Title:** There is space at the top of each panel for the laboratory letterhead, graphics, or other symbols (orange circle). The test panel name (green circle) must be at the top of each test panel report.



5x8 inch Microbiological Lab Slip

**Test Panel Header:** This section contains information from the sampler about the water system and the sample. Samplers can record this information on our *Chain of Custody* or *Sample Information Form*, or use their own template. See the full lab slips below for specific sequence and order of the 4x11 inch and 5x8 inch forms.

## **Basic Sample and Water System Information**

**Date Sample Collected:** Two-digit month, day, and year the sample was collected, for example 02/15/2017.

**Time Sample Collected:** Time sample collected. Check AM or PM.

County:\* County location for the water system.

Type of Water System:\* Group A, Group B, or Other.

Water Facilities Inventory (WFI) ID#:\* The five or sixcharacter water system ID.

**System Name:\*** Enter the water system's official name. If the name on the lab slip does not match the official water system name, our database will not accept it. The official names can be found in Sentry Internet and on the WFI form.

**Contact Person:** The person the lab or department staff should contact with questions about this sample.

**Day/Cell/Evening Phone and Email:** List the best way to reach the Contact Person.

**Send results to:** List the best mail and email address for the lab to send the results.

Place Logo Here	Logo Here ]								
COLIFORM BACTERIA ANALYSIS									
Date Sample  /  Month Day		me Sample Collected  AM : PM	County						
Type of Water Sy	stem (check only one bo	x)							
Group	A Group	B Otl	her						
Group A and Gro	up B Systems – Provide	from Water Facilitie	s Inventory (WFI):						
ID#									
System Name:									
Contact Person:									
Day Phone: (	)	Cell Phone: (	)						
Email:		Eve. Phone: (	Eve. Phone: ( )						
Send results to: (Pr	int full name, address and zi	o code or e-mail)							
	SAMPLE	INFORMATION	V						
Sample collected	by (name):								
Specific location	where sample collected:	Special instruct	tions or comments:						

**Sample collected by:** List the person who collected the sample.

**Specific location where sample collected:** Describe, in detail, the sample location point. Do not include the water system's address if it is not the specific location where the sample is collected.

**Specific instructions or comments:** Include any specific instructions for the lab.

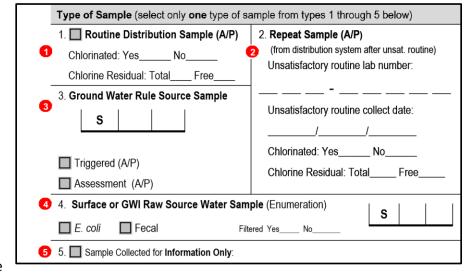
Sample Purpose (Type of Sample)

## Routine Distribution Sample

**(A/P):** Public water systems must take this sample on a routine basis per the federal Revised Total Coliform Rule (RTCR).

- Chlorinated: Mark "Yes" or "No."
- If yes, list the measured Free
   Chlorine Residual.

Repeat Sample (A/P):\*\* Public water systems must take this sample



after a coliform-present routine sample per RTCR.

- o **Distribution System Sample**: Take at a sample tap in the distribution system.
- **Unsatisfactory routine lab number:** List the lab and sample ID number from the original unsatisfactory routine sample.
- Unsatisfactory routine collect date: Enter collection date for the original unsatisfactory routine sample.
- Chlorinated: Mark "Yes" or "No."
- o If yes, list the measured **Free Chlorine Residual**.
- Ground Water Rule Source Sample
  - o List the source ID number here: List the source number is found on the Water Facilities Inventory form.
  - o **Triggered (A/P):** Raw source sample following a coliform-present routine sample.
  - Assessment (A/P): Department directed some public water systems to monitor their groundwater source monthly for twelve months, even if they have no coliform-present routine samples.
- Surface or GWI Raw Source Water Sample (Enumeration):

There are two types of surface water or GWI systems in Washington state:

1. Unfiltered surface or GWI systems (as of 2021 there are only three in Washington)

- a. They must follow the **federal** Surface Water Treatment Rule monitoring guidelines as outlined in WAC 246-290, PART 6 Surface Water Treatment, Subpart A Introduction and General Requirements.
- b. The hold time for routine coliform samples from this type of system is **8 hours**.
- c. Mark the microbiological slip as **unfiltered.**
- d. Mark the analysis for totals or fecal.
- e. The results must be enumeration and not an absence/presence result.
- f. The source must be clearly identified using the space provided. \[ \s \] \].
- **2.** Filtered surface or GWI systems.
  - a. They must follow the additional **state** Surface Water Treatment Rule monitoring guidelines as outlined in WAC 246-290, PART 6 – Surface Water Treatment, Subpart B – Requirements for Filtered Systems.
  - b. The hold time for routine coliform samples from this type of system is **30 hours**.
  - c. Mark the microbiological slip as **filtered** even though the sample is taken before filtration. Marking the coliform slip as "filtered" establishes that the sample is being analyzed as part of the **state** surface water treatment requirements.
  - d. Mark whether the analysis is for fecal or *E.coli*.
  - e. The results must be enumeration and not an absence/presence result.
  - f. The source must be clearly identified using the space provided. \[ \s \] \].

**Sample Collected for Information Only:** Check if sample is for engineering purposes, construction or repairs, a home sale, or other uses. These microbiological slips do not need to be sent to the department's data processing staff.

# **Drinking Water Results**

**Unsatisfactory:** Check if sample is total coliform-present, **AND** *E. coli* present **OR** *E. coli* absent.

**Satisfactory:** Check if no coliforms detected.

**Bacterial Density Results:** Record the colony count or most-probable number if the test yields it (both are enumeration methods).

**Replacement Sample Required:** Check if sample is not viable for any reason, such as "too old" or "volume less than 100mL."

**Date/Time Received:** Enter the date and time the laboratory received the sample.

LAB USE ONLY DRINKING WA	ATER RESULTS	LAB USE ONLY
Unsatisfactory Total Coliform Present an	d	Satisfactory
E.coli present E.coli	absent	
Bacterial Density Results: Total Coliform	/100ml. <i>E.co</i>	oli/100ml.
Fecal Coliform/100ml.	HPC/	1 ml.
Replacement Sample Required:	TC Sample	too old
☐ Sample Volume ☐ Damaged Conta	iner	<u> </u>
Date/Time Received:	Lab Reference Number	
Receipt Temp C°:	Method Code:	
Date Reported to DOH	Lab Use Only:	
DOH Lab-Sample#		

Lab Reference Number: Lab staff generate this number or reference ID for in-laboratory tracking.

**Receipt Temp C**: Required for unfiltered surface water samples.

**Method Code:** Enter the code for the analytical method used to analyse the sample (SM-9223B or SM-9222B, not MICR codes).

**Date Reported to DOH:** Enter the date that the sample was reported to the department.

**DOH Lab-Sample#:** Enter the three-digit department-assigned lab number and then the five-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab's own purpose. For example, to record an internal labortry reference number.

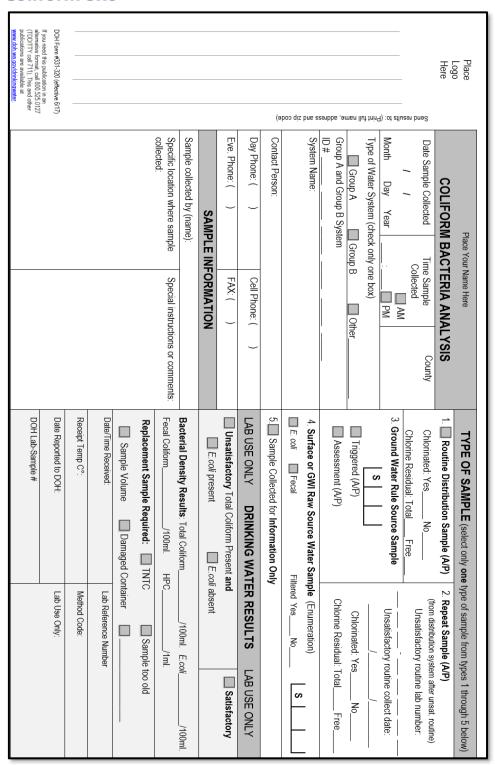
\*This information is on the Water Facilities Inventory form and our <u>Sentry internet</u>.

<sup>\*\*</sup>See Follow-up to an unsatisfactory routine coliform sample 331-187 for more information.

## **Microbiological**

Microbiological test panels are designed to print two on an 8 X 11½ sheet of paper for printer convenience.

# Coliform 5x8



# Coliform 4x11

Place Logo Here	O e								
11010	COLI	FORM B	ACTERIA A	NAL	YSIS.	FO	RM		
Date Sample	Collected		Sample		Cou	inty			
1	1	"	illected						
Month Day	Year	_	_: <b>=</b> PM						
Type of Water S	ystem (check o	nly one box)							
☐ Grou	pΑ	Group B	Oth	ier		_			
Group A and Gro	oup B Systems	- Provide fro	m Water Facilities	Invent	ory (WFI)	:			
ID#									
System Name:									
Contact Person:									
Day Phone: (	)		Cell Phone: (	)					
Email:			Eve. Phone: (	)					
Send results to: (P	Send results to: (Print full name, address and zip code or e-mail)								
SAMPLE INFORMATION									
Sample collected	d by (name):								
Specific location	where sample	collected:	Special instructions or comments:						
Type of Sample	(select only or	ne type of san	nple from types 1	through	n 5 below)	)			
1. Routine D	istribution Sa	mple (A/P)	2. Repeat Sam						
Chlorinated: Y	es No_		(from distribut Unsatisfactor				-		
Chlorine Resid	dual: Total	Free	Ornaduardotor	-	IC IOD III	illoui.			
3. Ground Water	r Rule Source	Sample	Unsatisfactor	rv routin	e collect	date:			
S					/				
			Chlorinated:				_		
Triggered (A	(P)		Chlorine Res						
Assessment	(A/P)								
4. Surface or G	WI Raw Source	e Water San	ple (Enumeration	1)	s	ī	1 1		
■ E. coli	] Fecal	F	Filtered Yes No.		3				
5. Sample Col	lected for Inform	ation Only:							
LAB USE O			ATER RESUL	TS	LAB U	SE (	ANI V		
Unsatisfacto				.10	Sa				
	resent					uoiuc	otory .		
Bacterial Densi	ty Results: To	tal Coliform_	/100	ml. E.o	oli		_/100ml.		
Fecal Coliform_		_/100ml.	HPC		/1 ml.				
Replacement S	ample Require	ed: 🔲 Ti	NTC 🔲	Sample	too old				
Sample Volu	ıme 🔲 Da	amaged Conta	einer 🔲			-			
Date/Time Receive	d:		Lab Reference N	umber					
Receipt Temp C*:			Method Code:						
Date Reported to D	104		Lah Hen Only						
Date Reported to D	VΠ		Lab Use Only:						
DOH Lab-Sample#									

## **Generic Template**

The name of the panel will be determined by the department. The DOH #, Contaminant name, SDRL, Trigger, MCL, and Units will be determined by the . The order of the contaminants listed on the panel will be in "DOH #" numerical order from smallest to largest. Use MCL or SAL as applicable.

			Space f	or Lab L	etter Head				
			Naı	ne of l	Panel				
			Repo	rt of A	nalysis				
Date Collec	cted: (MM/DD/YY)	//			System Gro	ир Туре:	(circle one)	) A B (	Other:
	em ID Number:		_		System Nan	ne:			
	er / Sample Number:	/			County:				
Sample Loc	cation:				Source Num	ıber(s): (	list all sourc	es if blended or comp	osited)
☐ RC - C ☐ C - C ☐ I - Im	rpose: (check appropriate box) Routine/Compliance (satis confirmation (confirmation of vestigative (does not satisfy of ther (specify – does not satisfy	sfies monitoring re f chemical result)* nonitoring require	ments)		Date Receiv Date Analyz Date Report	zed: (MM ed: (MM	DD/YY)	/	
Sample Composition: (check appropriate box)   S - Single Source   B - Blended (list source numbers in "Source Numbers" field)   C - Composite (list source numbers in "Source Numbers" field)   D - Distribution Sample					Sample Type: (check one) Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other  Sample Collected by: (name) Phone Number:				
Send Repor	rt to:				Bill to: (clie	nt name)			
			ANALY	ΓΙCAL	RESULTS				
DOH#	CONTAMINANT	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL /SAL	UNITS	EXCEEDS MCL/SAL? (X if Yes)	METHOD / INITIALS
									$\vdash$
DATA QUALII DOH#: Departm EXCEEDS MC department's dri METHOD/INT SAL (State Acti 246-290-315 and SDRL (State De	: Include the original lab numb FIER: A symbol or letter to dem nent assigned contaminant unit I. (Maximum Contaminant L inking water regional office in y TIALS: Analytical method used ion Level) means the concentra d which, if exceeded, triggers ac etection Reporting Limit): The	note additional info ber. evel): Marked if to our area to determ d. / Initials of the a tion of a contamin ctions a purveyor to e minimum reports	ormation about the contaminan tine follow-up a malyst that peri ant or group of alces in accorda able detection of	the result.  t amount e actions.  formed the contaminature with V	nceeds the MCL analysis. ints, without an I VAC 246-290-32 inant as establisl	under chap MCL, estab 20. hed by the c	ters 246-290 lished to pro	0 and 246-291 WAC. stect public health in a	accordance with WAC
	ne department's drinking water : itor more frequently. Please cor FNTS:								neu to take audifional
									Revised May 2021

Our publications are online at doh.wa.gov/drinkingwater.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <a href="mailto:civil.rights@doh.wa.gov">civil.rights@doh.wa.gov</a>.